



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140
www.dbc.ca.gov



Application for Reduced Dental License Renewal Fee - \$182.50

 Name of Licensee

 Telephone Number

 Address of Record

 License Number

 Expiration Date

 Date of Birth

In accordance with the Business & Professions Code § 1716.1, the criteria used to determine whether a licensee qualifies for a reduced renewal fee requires the licensee to have reached the age of retirement under the federal Social Security Act, have practiced dentistry for 20 years or more in California, and be eligible for full Social Security Benefits. In the event that charges are made, these charges shall be nominal. In no event shall the aggregate of these charges in any single calendar year be in an amount that would render you ineligible for full social security benefits.

Note: If you intend to offer dental services, you must comply with the continuing education requirement. If you do not plan to offer dental services, you may put your license in an inactive status and be exempt from the continuing education requirement. Inactive licensees may not practice dentistry in California. If you decide to activate your dental license in the future, 50 hours of continuing education must be completed prior to reactivation of your license.

☐ I wish to inactivate my dental license.

☐ I wish to keep my dental license active, and have successfully completed at least 50 hours of continuing education, including any mandatory courses for my type of dental practice during my last renewal period.

I hereby certify that I have practiced dentistry for 20 years or more in this state, have reached the age of retirement under the federal Social Security Act (42 U.S.C. Sec. 301 et seq.), and customarily provides my services free of charge. In the event that charges are made, these charges are nominal. In no event does the aggregate of these charges in any single calendar year equal an amount that would render me ineligible for full social security benefits.

I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Signature

 Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.